

[illegible]

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
11-1-03 2015	<p>② Emergency → called to UNICOR by LT Glenn.</p> <p>100% abdominal pain, profuse sweating, many episodes of vomiting.</p> <p>See J. Glenn's SOAP note earlier today (11-1-03 1240)</p> <p>No complaints of chest pain</p> <p>③ IM in UNICOR on stretcher. Not very responsive. Sweating profusely. Does not respond 100% to vocal commands. Later on: IM awake + fully responsive</p> <p>T=97.7°F HR=60 BP=113/72 SaO₂=99%</p> <p>ECGs, serial: Multiple abnormalities, including</p> <p>Paroxysmal Afib A flutter</p> <p>LVH</p> <p>Anterior R waves</p> <p>Consider Anteroseptal infarct</p> <p>Incomplete R Bundle branch block</p> <p>④ Abnormal ECG findings. Abd pain; N/V; Diaphoresis.</p> <p>⑤ 1. Consulted Dr. Olson: Send IM out</p> <p>2. IM sent by paramedics/ambulance to BRMC</p> <p>3. BRMC ER notified.</p>			
11-2-03 1600	<p>ADMIN NOTES: IM returned from ER last night after 11 PM. ER report not yet available to Duty PA's. Per LT's office: EKGs in ER were normal. IM treated for adverse drug reactions. Penicillin + Flagyl confiscated + submitted to Pharmacy. Dr. Collins notified + asked to check IM + devise new tx plan. IDLE given this midnight 11-3-03</p>			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	REGISTER NO.	WARD NO.
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	40428-053	
<p>PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</p>				

REVIEWED BY:

H. BEAM, MD
FCI MCKEANSteven Labrozzi, PA-C
Physician AssistantSteven Labrozzi, PA-C
Physician Assistant

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/3/03 0940	<p>Chute back Haysm'talizer</p> <p>9/3940 to Haysm't - when all said 8. Dose</p> <p>@ 6000 - Side effect of Enophthalmos</p>
	<p>7/20/03 well - feels all better</p> <p>Ht 5'10" weight 160 lbs. R upper maxilla</p> <p>chest clear heart over Aortic Aorta B 540</p> <p>7) Resolved SE's from Enophthalmos</p> <p>Dental plan ok</p> <p>PI PTed - med a's -</p> <p>Doxycycline 100 mg - 1 po Bid #20</p> <p>CB ~ 1 mo</p> <p>Comment on Colom</p> <p>204 filled out</p> <p>Reviewed By: V. Geza, PharmD</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>
11/24/03 1640	<p>Adm need to recheck</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10/28/03
1430

Check back Surgical consult RIA

S/ 39408-? in good condition - saw
 Dr Graham, Surgeon / yesterday
 who believes hernia needs to be
 fixed, a mesh plug will be used
 & 1 m hernia and tooth which
 should be quieted down before
 surgery

T968

Bp 110/80

P60

NKDA

O/ Painless hernia @ upper incisor
 tooth is filled & good.

Hernia @ ing not examined today

A/ Abscessed tooth ; R ing Hernia

P/ PTed - med cephalexin, Plan for TX
 Pen VK 500mg / po Qid #40 RFT
 metronidazole 250mg / po tid #30 RFT
 C&Ims & PRNSign obstruction
 & Dental F/U

Reviewed By:
 V. Geza, PharmD

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

40428-053

WARD NO.

H. BEAN MAINTAINED AT
 FCJ MCKEAN
 REVIEWED

Anthony Allen

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/1/03 1240	<p>⑤ Admin. Note - called my unit officer inmates stated cant come to HCU "too ill", officer states inmate was walking around earlier 5 problem. Brought inmate to HCU for exam via ambulance (car), inmate states had stomach pain earlier now at this time ambulates 5 problem pain 2 on 1-10 scale now vomiting</p> <p>⑥ NXP 976-70-16 11/5/74 abd soft, non-tender. ④ BS Taking flagyl & PCN at this time</p> <p>⑦ Abd. discomfort 2° to antibiotic use</p> <p>⑧ 1) DIC flagyl cont. PCN 2) fluids 3) 7/10 11/3/03 sick call</p> <p>J. Glenn FNP-C J. Glenn FNP-C</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10/27/13

Adm NtH

0700

I made in township for sury. appt

2

D. Olson, MD
Clinical Director

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

40428-050

WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

[illegible]

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

Eric Asp
PA-C

Allen, Anthony

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: *Hx HTN Pinguet hernia*

SUBJECTIVE: (Chief Complaint) :

*He's using hernia belt but the hernia
 won't stay reduced. Has lotropain
 also c/o hernia belt c/o constipation*

OBJECTIVE: (Review System) Age: *39* Sex: *Male* Race: *Black/Scarl*

H/P: *116/80* P: *70* Wt: *201* T: R/R: SO2%: *Low*

HEENT: *OK* Last Op/Opht. Eval:

Heart: *DMO*

Lungs: *Clear*

Abdomen: *soft BSE Pinguet hernia - large*

Genital/Rectal: *partially reducible*

Extremities:

Neuro: *follicular body of neck*

Recent Lab Results:

ASSESSMENT(S): *no HTN Pinguet hernia only partially
 reducible - hernia belt
 follicular*

Preventative Care: Diet *watch diet* Exercise *walks a lot*

Tobacco *no* Medication Side Effects: *0*

OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. *40428-053* WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 800-REV. 8-97
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 201-8.202-1

Anthony Allen

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/ Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/ Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: <input type="checkbox"/> CBC/Diff <input type="checkbox"/> U/A <input type="checkbox"/> LFT <input type="checkbox"/> Chem Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Pane <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>ultr review</i>										
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: <i>3 mo</i>										
	Treatment(s):										
	<i>Ribavirin 750 mg tid # 90 RF2</i> <i>Hydrocortisone Suppor = Bid # 20 RF2</i> <i>Bacitracin oint use bid # 1 RF2</i>										
	<i>Steven Labrozzi, RPh</i> Pharmacist										
	<i>H. BEAM, MD</i> FCI MCKEAN										

HYPERTENSION CLINIC

Subjective Findings:

a. Medical complaints or concerns of patient:

12/23/03 39yo female well C/o hemia @ Linger
for 7 years
never had hemia well

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of smoking: no

2. Diet: water diet

3. Activity: daily

4. Medications:

(1) Drug side effects:

(2) Drug interactions:

5. Patient Compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special accommodations:

Objective Findings:

a. Temp: Pulse: 70 Resp: BP: 134/80 Weight: 202 lb

b. Fundoscopic Examinations:

Thick, Dull Vessels

Localized or Generalized

(Copper Wire)

Narrowing of Arterioles

Present

Absent

Present

Absent

A-V Nicking

Flame Shaped Hemorrhages

Present

Absent

Present

Absent

Cotton-wool patches

Optic Disk Swelling

Present

Absent

Present

Absent

15. IDENTIFICATION (Use this space for
-1 Imprint)RECORDS
MAINTAINED
AT:

FEL McKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

40428-053

ORGANIZATION

DEPART./SERVICE

SOW/IDENTIFICATION NO.

DATE OF BIRTH

Anthony Allen

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and HCR
FORM (41 CFR) 201-45.605

SYMPTOMS, DIAGNOSIS, TREATMENT

Cardiac Examination:

Loud Aortic Second Sound

Present

Absent

Left Ventricular Heave

Present

Absent

Ejection Click

Present

Absent

Presystolic Gallop

Present

Absent

d. Lungs:

Clear

Wheezes

P. line

Rachal

e. Thyroid Gland:

f. Diagnostic Studies

Result

Date of Exam

ECG

WNL

Abnormal

UA

WNL

Abnormal

SMA 20

WNL

Abnormal

Lipids

WNL

Abnormal

ECG

WNL

Abnormal

ECG

WNL

Abnormal

Doppler Consult

WNL

Abnormal

Assessment:

a. Diagnosis:

b. Disease Progression or Complications:

c. Therapeutic Efficacy:

Plan:

A. Medications:

Reviewed By: *[Signature]*
V. Geza, PharmD

b. Next Diagnostic Studies Due:

c. Return to Clinic:

d. Patient Education: (Check Topics Discussed)

() Complications of Hypertension

() Diet

() Exercise

() Avoidance of Tobacco

() Therapeutic Compliance

() Drug Interactions

() Tobacco Use

H. BEAM, MD
FCI MCKEAN

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/15/02 0905	S: JS here to request BP ✓, cholesterol ✓ + for the nail fungus O: BP 116/78. Heart good rhythm. Rate 72. Feet - toenails #2 + 8 on big, felt discolored + hypertrophic. A: Onychomycosis P: toenail file #1. Apply to aa bid x 2 R Kass: liquid Penicillin. Pt educ. Under alloral pen bid. use medic as directed. R to prn Pt understands Gracia Fairbanks PA Reviewed by D. Olson, MD Date 7/15/02 GRACIA FAIRBANKS Physician Assistant

10/30/02 1300	Admin. Note - Inmate requests gas pills until sick call appt. Rx simethicone take # po QID prn #30 WR 10/31/02 Violetta Geza, PharmD. RPh Chief Pharmacist J. Glenn FNP - c FCI MCKEAN
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Allen Anthony
40428-053

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/4/02 1630	<p>① c/o dry nose, and H/A x 2 / wk. Pains 3 on 1-10 scale</p> <p>② NAD & sinus tenderness</p> <p>nose - clear drainage, pink membranes</p> <p>throat - erythema & exudate</p> <p>lungs - CTA & wheeze</p> <p>③ sinus pressure / H/A</p> <p>④ 1) CTM 4mg $\frac{1}{2}$ po TID prn #15 AR</p> <p>2) Tylenol 500mg $\frac{1}{2}$ po TID prn #20 AR</p> <p>3) on fluids</p> <p>4) Educated on Rx, plan of care & F/U</p> <p>5) F/U prn sick call</p> <p><i>[Signature]</i></p> <p>JOLENN FMP-C</p>
12/5/02 0850	<p><i>[Signature]</i> PharmD</p> <p>Violette Geza, PharmD. RPh</p> <p>Chief Pharmacist</p>
6/12/03 0850	<p>52 C/O hemorrhoids,</p> <p>states gets them off and on states that the suppositories work best.</p> <p>o. NAD BP</p> <p>Rectal defered,</p> <p>Rest of exam and</p> <p>A. hemorrhoids</p> <p>① Education - diet - pt understands</p> <p>② Ph PR</p> <p>③ Amurol HC supp insert $\frac{1}{2}$ rectally BID depers #12 R-O</p> <p><i>[Signature]</i></p> <p>Eric Asp PA-C</p> <p>6/12/03 Reviewed By: <i>[Signature]</i> PharmD V. Geza, PharmD</p>

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 40428-053
Name : ALLEN, ANTHONY Age : 40yr
Location : FCI MCKEAN (MCK) Sex : M
Admit. Physician: BEAM, MD Room :
Order. Physician: BEAM, MD Accession Number : 2701
Collected : 08/04/04 @ 06:25 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Fasting			RY
COMP. METABOLIC				
Glucose	81		70 - 110 mg/dL	KS TE
Urea Nitrogen	10		7 - 22 mg/dL	KS TE
Creatinine	1.2		0.6 - 1.6 mg/dL	KS TE
SodiumI	142		137 - 148 mmol/L	KS TE
Potassium	4.2		3.5 - 5.0 mmol/L	KS TE
ChlorideI	104		99 - 114 mmol/L	KS TE
CalciumI	9.1		8.5 - 10.9 mg/dL	KS TE
Total Protein	7.8		6.0 - 8.2 g/dL	KS TE
Albumin	4.2		3.6 - 5.1 g/dL	KS TE
Alkaline Phos.	92		41 - 133 U/L	KS TE
AST(SGOT)	33		11 - 55 U/L	KS TE
Total BilirubinI	1.1		0.2 - 1.3 mg/dL	KS TE
Cholesterol	164		140 - 200 mg/dL	KS TE
ALT1(SGPT)	37		11 - 66 U/L	KS TE
CBC				
White Blood Cell	6.0		4.3 - 11.1 10 ³ /uL	RS RY
Red Blood Cells	5.02		4.46 - 5.78 10 ⁶ /uL	RS RY
Hemoglobin	15.5		13.6 - 17.6 g/dL	RS RY
Hematocrit	46.9		40.2 - 51.4 %	RS RY
MCV	93.3		82.5 - 96.5 fL	RS RY
MCH	30.8		27.1 - 34.3 pg	RS RY
MCHC	33.0		33.0 - 35.0 g/dL	RS RY
RDW	12.6		12.0 - 14.0 %	RS RY
PLT	220		130 - 374 10 ³ /uL	RS RY
MPV	10.3		6.9 - 10.5 fL	RS RY
AUTODIFF				
Neutrophils	35.6		43.0 - 67.0 %	RS RY
Lymphocytes	50.1	LO	21.0 - 45.0 %	RS RY
Monocytes	10.9	HI	5.0 - 13.0 %	RS RY
Eosinophils	3.2		0.0 - 7.0 %	RS RY
Basophils	0.2		0.0 - 1.0 %	RS RY
Neutrophil #	2.1		1.9 - 6.7 10 ³ /uL	RS RY
Lymphocyte #	3.0		1.3 - 3.7 10 ³ /uL	RS RY
Monocyte #	0.7		0.3 - 1.1 10 ³ /uL	RS RY
Eosinophil #	0.2		0.0 - 0.5 10 ³ /uL	RS RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AS=Abnormal

Name : ALLEN, ANTHONY
Register Number : 40428-053
Printed : 08/06/2004 @ 09:06

REVIEWED BY:

Location :
Page : 2

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 40428-053 Age :
 Sex : 40yr
 Location : ALLEN, ANTHONY Room : M
 Admit. Physician: FCI MCKEAN (MCK) Accession Number : 2701
 Order. Physician: BEAM, MD
 Collected : 08/04/04 @ 06:25 by: REFE

Result	Flag	Reference Range/Units	Tech
0.0		0.0 - 0.1 10 ⁻³ /uL	RS RY

40428-053

Legend

EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

ber : ALLEN, ANTHONY
 : 40428-053
 : 08/06/2004 @ 09:06

S. Czokaj, mt
 S. Czokaj, Med Tech.

REVIEWED BY:

Location : MCKEAN
 Page : 2 of 2

FCI MCKEAN
 BEAM, MD

FINAL REPORT

Age : 39
Sex : M
Accession Number: 4219
"X" if Complete : [X]

-- End of Laboratory Report --

ATTACH ALL TEST REPORTS TO THIS SHEET

WARD NO.

Allen, Anthony

GPO : 1996 O - 169-817

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : ALBURQUERQUE P.A.
Collection Date: 12/22/2003
Collection Time: 06:50
Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR
Ordered: *AR*

Age : 39
Sex : M
Accession Number: 2535
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Techn
Collection Cmt.	Drawn by PB New Admit Lab			
KOD. PANEL				
Glucose	81		mg/dL 70 - 110	SY RY
Urea Nitrogen	8		mg/dL 7 - 22	SY RY
Creatinine	1.3		mg/dL 0.6 - 1.6	SY RY
Uric Acid	5.7		mg/dL 3.7 - 8.6	SY RY
SodiumI	141		mmol/L 137 - 148	SY RY
Potassium	4.0		mmol/L 3.5 - 5.0	SY RY
ChlorideI	103		mmol/L 99 - 114	SY RY
Phosphorus	3.2		mg/dL 2.5 - 4.5	SY RY
CalciumI	8.7		mg/dL 8.5 - 10.9	SY RY
Total Protein	6.7		g/dL 6.0 - 8.2	SY RY
Albumin	3.8		g/dL 3.6 - 5.1	SY RY
Alkaline Phos.	83		U/L 41 - 133	SY RY
AST(SGOT)	28		U/L 11 - 55	SY RY
LDH	439		U/L 354 - 705	SY RY
Total BilirubinI	0.80		mg/dL 0.20 - 1.30	SY RY
Cholesterol	144		mg/dL 140 - 200	SY RY
Triglycerides	90		mg/dL 30 - 200	SY RY
Carbon DioxideI	29		mmol/L 22 - 30	SY RY
A/G Ratio	1.31		1.00 - 2.30	TX RY
Globulin	2.9		2.0 - 3.7	TX RY
TSH	4.02		uIU/mL 0.30 - 7.00	SY RY
CBC				
White Blood Cell	6.3		10 ³ /uL 4.3 - 11.1	WL RY
Red Blood Cells	4.82		10 ⁶ /uL 4.46 - 5.78	WL RY
Hemoglobin	14.7		g/dL 13.6 - 17.6	WL RY
Hematocrit	44.9		% 40.2 - 51.4	WL RY
MCV	93.1		fL 82.5 - 96.5	WL RY
MCH	30.6		pg 27.1 - 34.3	WL RY
MCHC	32.8	LO	g/dL 33.0 - 35.0	WL RY
RDW	12.1		% 12.0 - 14.0	WL RY
PLT	250		10 ³ /uL 130 - 374	WL RY
MPV	8.9		fL 6.9 - 10.5	WL RY
MANUAL DIFF				

Name : ALLEN, ANTHONY
Register#: 40428-053
Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P.A.
Location: S03

Sensitive L.O.U.

LABORATORY, 1900 W. SUNSHINE
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041, EXT. 454

F I N A L R E P O R T

Register Number: 40428-053

Name : ALLEN, ANTHONY

Location : S03

Physician : ALBURQUERQUE P. A. *AR*

Collection Date: 12/22/2003

Collection Time: 06:50

Tests : KOD. PANEL; TSH; CBC; ROUTINE URINE; RPR

Ordered:

Age : 39

Sex : M

Accession Number: 2535

"X" if Complete [X]

Test Name	Result	Flag	Reference Range	Tech
Neutrophils	39	LO	% 50 - 70	WL RY
Lymphocytes	43	HI	% 20 - 40	WL RY
Monocytes	11	HI	% 2 - 8	WL RY
Eosinophils	5	HI	% 1 - 3	WL RY
Basophils	2	HI	% 0 - 1	WL RY
Morphology	Platelets Appear Adequate Hypochromia 1+			WL RY
ROUTINE URINE				
Color	Yellow		Strw/Ylw	KS RY
Appearance	Clear		Clear	KS RY
Glucose	Negative		Negative	KS RY
Bilirubin	Negative		Negative	KS RY
Ketone	Negative		Negative	KS RY
Specific Gravity	1.020		Less 1.03	KS RY
pH	6.5		5.0 - 8.0	KS RY
Protein	Negative		Negative	KS RY
Urobilinogen	0.2		0.2-1.0	KS RY
Nitrite	Negative		Negative	KS RY
Blood	Negative		Negative	KS RY
Leuk. Esterase	Negative		Negative	KS RY
RPR	Non-Reactive		NR	KS RY

-- End of Laboratory Report --

Name : ALLEN, ANTHONY
 Register#: 40428-053
 Printed : 12/22/2003 @ 13:45

Doctor : ALBURQUERQUE P. A.
 Location: S03
 Sensitive L. O. U.

LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

FINAL REPORT

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : ALBURQUERQUE P. A.
Collection Date: 12/22/2003
Collection Time: 06:50
Tests : HBsAg; HBsAb; HBcAb; Anti-HCV
Ordered:

Age :
Sex : 39
Accession Number: M
"X" if Complete: 2536
[X]

Test Name	Result	Flag	Reference Range	Te==
Collection Cmt.	Drawn by PB			
	New Admit Lab			
HBsAg	Negative		Negative	SY RY
HBsAb	Negative		Negative	SY RY
HBcAb	Negative		Negative	SY RY
Anti-HCV	Negative		Negative	SY RY


-- End of Laboratory Report --

Name : ALLEN, ANTHONY
Register#: 40428-053
Printed : 12/22/2003 @ 14:38

Doctor : ALBURQUERQUE P. A.
Location: S03
Sensitive L. O. U.

MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

===== F I N A L R E P O R T =====

Register Number: 40428-053
Name : ALLEN, ANTHONY
Location : S03
Physician : ALBURQUERQUE P. A.
Collection Date: 12/22/2003
Collection Time: 06:50
Tests : HIV
Ordered: 

Age :
Sex : 39
Accession Number: M
"X" if Complete: 2537
[X]


=====

Test Name	Result	Flag	Reference Range	TS==
Collection Cmt.	Drawn by PB			
	New Admit Lab			
HIV	Negative			
	DO NOT REMOVE REPORT FROM PATIENT CHART		NR	SY C.
-- End of Laboratory Report --				

=====

Name : ALLEN, ANTHONY
Register#: 40428-053
Printed : 12/23/2003 @ 15:19

Doctor : ALBURQUERQUE P. A.
Location: S03
.....
Sensitive L. O. U.



U. S. Medical Center for Federal Prisoners
Laboratory, 1900 W. Sunshine
Springfield, Missouri 65808
417-862-7041 Ext. 454

Patient: ALLEN, ANTHONY
Register No: 40428-053
Location: S03
SENSITIVE L.O.U.

Doctor: ALBURQUERQUE P.A.
DOB: 5 -2 -1964
Sex: M

HIV SCREENING

X The above patient has tested NEGATIVE for the Human Immunodeficiency Antibody (HIV).

Projected Release Date: _____.

=====

_____ The above inmate has tested POSITIVE for the Human Immunodeficiency Antibody (HIV).

Per Bureau of Prisons policy, this inmate has received repeat Human Immunodeficiency Antibody testing and confirmatory antibody testing.

Initial HIV Specimen Date: _____ Result: _____

Repeat HIV Specimen Date: _____ Result: _____

Western Blot Date: _____ Result: _____

Laboratory Comments:

PEND = PENDING
NEG = NEGATIVE
POS = POSITIVE
UNK = UNKNOWN

Date Drawn:

12/22/03

Test Completion Date

12/22/03

Performed by: ✓

Reviewed by: ✓

40428053

27-Oct-2004 08:49:22

ALLEN
Male

FCI MC KEAN

Operator: JTF

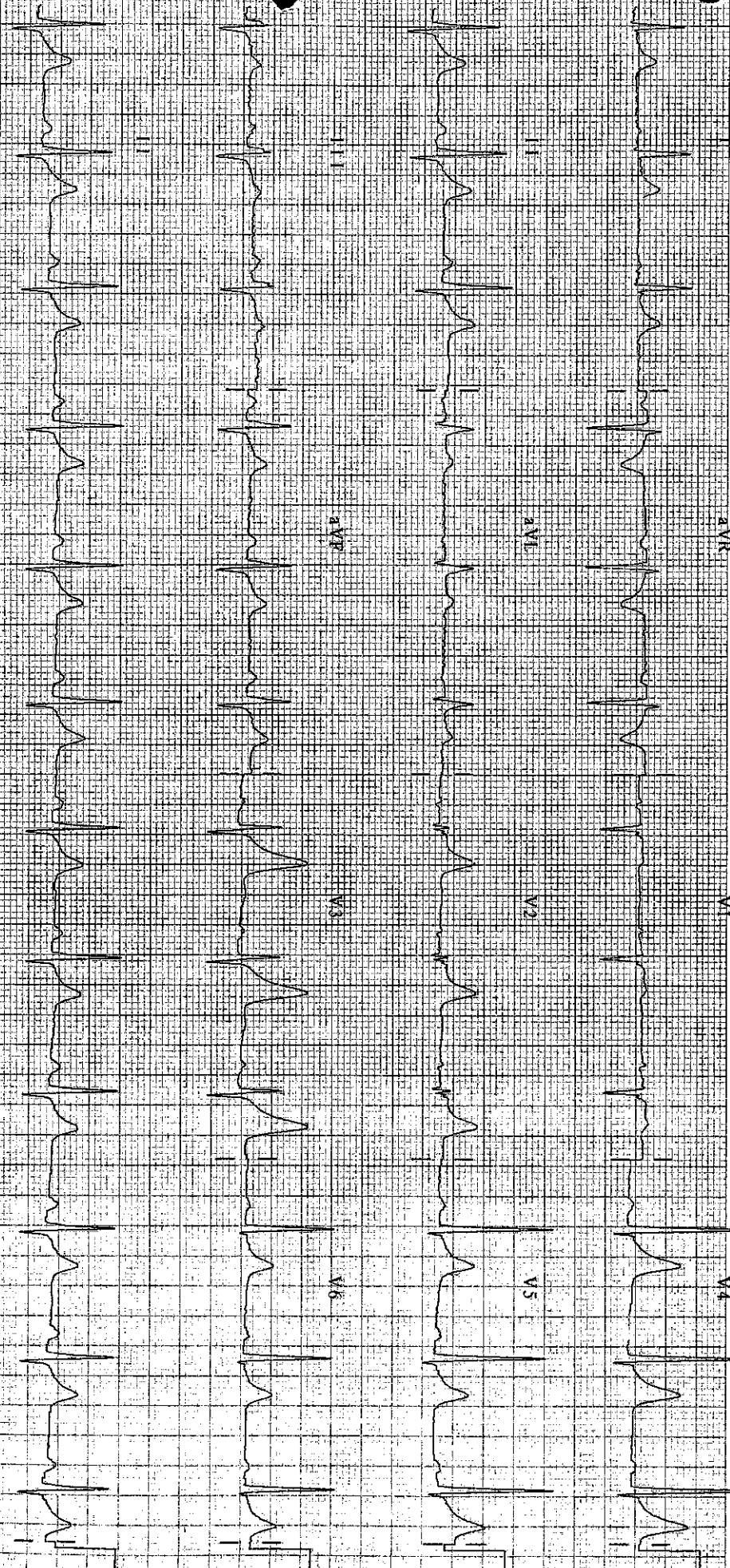
Rate 68 . NORMAL SINUS RHYTHM, RATE 68.....normal P axis, PR, rate & rhythm
PR 176
QRSD 92
QT 350
QTc 372

--Axis--
P 71
QRS 25
T 45

- NORMAL ECG -

Unconfirmed diagnosis.

Reviewed by D. Olson, MD
Date: 10/28/04



AUTHORIZATION TO RELEASE INFORMATION - I hereby authorize the above named hospital to release the medical information to my insurance company for the services rendered this date _____.

5151 學山

510-152